

# City of Taunton

## MEDEX Prescriptions

### Health Reimbursement Form

Plan Year: 2014

#### Part I. Employee Information

☐ (Check if new address)

Employee Name:	_____	_____	_____	MEDEX #: -	_____
	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>		
Mailing Address:	_____	_____	_____	_____	_____
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Phone: ( ) - ( )		home	cell	Email Address:	_____

#### Part II. Instructions for submitting form (Please Read Carefully)

To qualify for the reimbursement, retirees or their eligible spouses must provide proof of payment of out of pocket prescription costs totaling over \$254.00 for those individuals enrolled in MEDEX 2. The City will reimburse employees for out of pocket costs until the HRA account funds have been exhausted for the given plan year.

1. Complete Part I on this form and make sure to indicate if your mailing address has changed.
2. Complete Part III detailing member name, date of service, type of service, description of service, and amount paid. All expenses must be incurred in the current plan year commencing 8/1/14 and ending 12/31/14. **You have up to 30 days after the end of a plan year to submit prescription co-pay expenses that are eligible for reimbursement.**
3. All **prescription co-pay receipts or invoices** supporting your request for reimbursement must be attached. This supporting documentation must show prescription number, date of prescription, amount paid, member name showing a zero ("0") balance.
4. Eligible retiree participant must sign Part IV certifying authenticity of expenses.

#### Examples of Eligible Expenses

**Prescriptions:** Only co-pays for prescription medications are eligible for reimbursement.

#### Part III. Detail of Out of Pocket Costs Prescription Costs (attach paid receipts)

Name of Covered Person (Eligible retiree/spouse)	Date of Service (mm/dy/yr)	Prescription (Co-pay)		Amount Paid to Provider

(Additional space on back)

Plan Year: 2014

**Part III. Detail of Out of Pocket Costs (cont.)** *Make copies of this page if additional space is needed.*

Name of Covered Person (Eligible retiree/ spouse)	Date of Service (mm/dy/yr)	Prescription (Co-pay)		Amount Paid to Provider

**Total out-of-pocket prescription co-pay costs**

**Part IV. Signature**

The above statements and submitted information for reimbursement are true. I am only submitting for reimbursement for eligible expenses that I incurred for myself. I further certify that I will not claim these expenses as a tax deduction. *Please note: All claims submitted are subject to approval by the Human Resources Department.*

Employee Signature: \_\_\_\_\_ Date:     /     /

**HR Office Use Only**

Human Resources Department  
141 Oak Street  
Taunton, MA 02780  
Attn:Noreen  
(508)821-1060

Less Employee Threshold:   \$254.00

Amount to be reimbursed:

## Instructions for Medex 2 HRA Reimbursement

For August 1, 2014 – December 31, 2014

- 1) Keep all of your invoices and prescription receipts from either your mail away program or pharmacy in the manila envelope that has been provide for you at the meeting.  
**Receipts must contain RX number, name and co-pay amount.**
- 2) Fill out W-9 form with name, address, social security number. Please print clearly and remember to sign and date.
- 3) Fill out the Medex Prescriptions Health Reimbursement form as instructed on Part II of the form.
- 4) Once you have reached your out of pocket prescription cost of \$254.00 you may submit for anything over that amount.

### **For example:**

By November 1, 2014 you have \$450.00 total in pharmacy receipts and mail away invoices in September, you would send in:

- 1) All of your receipts and invoices along with your Medex Prescriptions Health Reimbursement form. With this option your reimbursement would be \$450.00 minus \$254.00 which would equal a total of \$196.00. You would then continue to keep your invoices and pharmacy receipts until you wish to send in a new batch or you can wait until (December) the end of the plan. You will have already paid your out of pocket costs so everything you submit for will be paid at 100%.
- 2) Or you can wait until the end of the year, send in the Medex Prescriptions Health Reimbursement form with all invoices you collected at one time. All prescription out of pocket costs will be added, the \$254.00 subtracted and the difference will be reimbursed to you at 100%.